

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045767

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11802

STATE FILE NUMBER

FILED DEC 5 - 1963 SL-32259 XC-3 594 527

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 17 HOURS		2. USUAL RESIDENCE (If deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON		c. CITY OR TOWN EDWARDSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 608 CHESTNUT				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE MC MURRAY						4. DATE OF DEATH Month Day Year 11/26/63					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/7/04		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) EDWARDSVILLE, ILLINOIS, U.S.A.				12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME JOHN MC MURRAY				13b. MOTHER'S MAIDEN NAME E. WHITE				14. NAME OF HUSBAND OR WIFE LENORA MC MURRAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II						16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address LENORA MC MURRAY (WIDOW) SEE #2			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA MALIGNANT LYMPHOMA DUE TO (b) DUE TO (c) 200.2										INTERVAL BETWEEN ONSET AND DEATH 12 HOURS 1 YEAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA		COUNTY		STATE	
21. attended the deceased from 10/18/63 to 11/26/63 and last saw him alive on 11/26/63 Death occurred at 10:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) [Signature] M.D.						22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 11/26/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-30-63		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) Edwardsville, Ill.		(State)			
24. FUNERAL DIRECTOR ADDRESS Straube Funeral Home, Edwardsville, Illinois.						25. DATE RECD. BY LOCAL REG. NOV 29 1963		26. REGISTRAR'S SIGNATURE [Signature] M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4596

(P.O.) Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.